

Fifty-First Annual Report

ON THE STATE OF

THE ASYLUM,

FOR

THE RELIEF OF PERSONS

DEPRIVED OF THE

USE OF THEIR REASON.

PUBLISHED BY DIRECTION OF THE CONTRIBUTORS, THIRD MONTH, 1868.


PHILADELPHIA:

PRINTED BY WILLIAM K. BELLWS,

SUCCESSOR TO JOSEPH RAKESTRAW,

S. W. corner Fourth Street and Apple Tree Alley.

1868.



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FRIENDS ASYLUM FOR THE DEAF AND DUMB.

1844. N. Y. 1844.

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tranquillity that have been maintained among our inmates, we are sensible that we have abundant cause for thankfulness to a Superintending Providence for the measure of success that has attended our efforts to benefit those who have been committed to our care.

The number of admissions during the past twelve months has been greater than in any of the ten previous years. For the first time in twenty-five years one of the wards has been so filled with patients as to make it improper to receive new cases into it, and for this cause the Superintendent in conjunction with the Visiting Managers at one time felt warranted in refusing applications for patients who could not be suitably provided for in the quiet wards.

We have also felt obliged to refuse a number of cases otherwise suitable, whose friends were unable to pay for their accommodation. The funds of the Institution as you are aware have been as freely used as seemed consistent with prudence in reducing the rate of board charged to patients in limited circumstances, and private charity has also contributed in some cases to the relief of such, yet we have been too often compelled to allow applicants for admission to depart without being able to receive them. Two recent cases which were under treatment within the past year, in consequence of the inability of their friends to bear the continued expense, were removed from the Asylum before sufficient time had been allowed to test the efficacy of the treatment employed. The amount of suffering among the industrious and respectable poor

whose means under ordinary circumstances are sufficient for all their needs, but who by the increased expenses rendered necessary when Insanity visits their families, are sometimes reduced to a state approaching to poverty, which is thus every year brought to our notice is so great as to give rise to the earnest wish that in our own, as has been done in at least one of our sister states, provision might be made at the public expense for every individual rich as well as poor becoming Insane within its borders, without regard to the pecuniary condition of the sufferer. The possession of a larger fund applicable to the relief of such cases would enable the Asylum to extend its benefits to a number of cases annually, and the subject is here referred to in the hope that some who are blessed with abundance, may thus be induced to contribute either by donation or by bequest to this specific object.

At the time of the last Annual Report there were 59 patients remaining in the House, and 31 have been received since, making a total of 90 patients who have been under care during the year. The greatest number in the House at any time was 63, the smallest was 54 and the average monthly number was nearly 59.

Of the 90 patients under care 6 have died, and 22 have been discharged, leaving 62, of whom 33 are men and 29 are women, in the House at the present time.

Of the 22 patients discharged 12 were restored, 2 were much improved, 5 were improved, and 3 were stationary.

Of the 12 patients discharged restored, 5 were under treatment for not exceeding three months, 3 from three to six months, 3 from six months to a year and one for more than a year; the average duration of treatment for the whole number restored was 189 days.

Of 319 patients discharged during the last fifteen years 157 were restored, being $49\frac{12}{100}$ per cent. of the whole. Of these 157 patients, 72 or nearly one-half were under treatment for a period of time not exceeding three months. Fifty per cent. on the whole number of discharges is perhaps rather above than below the average of recoveries in the best managed Hospitals and when we consider the number removed from the Asylum while under treatment before the full effect of the remedies used was obtained, the above results will thus be seen to compare not unfavorably with those of the most successful curative Institutions.

During the year 32 cases, 28 of which were recent, and 4 were chronic, were under special medical treatment for the relief or cure of their mental disorder and of the morbid physical states in which it originated. Of the recent cases 2 have died and 13 have been discharged, 10 of whom were restored, 1 was much improved, 1 was improved and 1 was stationary; and 13 remain under care, two of whom are restored and awaiting the request of their friends for their discharge; and in the remaining 11 there is a reasonable prospect of recovery except in one case. Of the 4 chronic cases 3 have been discharged, 2 of whom were

restored and one was stationary, and one remains who is much improved.

General Health.—In judging of the standard of physical health in any community composed entirely of insane persons, it is always necessary to remember that they are the subjects of a disease affecting one of the most important vital organs. In many cases so far as danger to life is immediately concerned, this disease of the brain is doubtless but slight, yet it does exist in various degrees, from the cases in which the general health seems scarcely at all affected, to those in which we see all the powers of life gradually giving way before the advances of unequivocal brain disease, of which we have examples in the various forms of Paralysis, Apoplexy, Epilepsy, &c. The standard of health will consequently always be lower and the rate of mortality greater in such a community than among the population at large. Among those who have resided for more than a year in the Asylum with the exception of those fatal lesions of the brain which are the termination of so many incurable cases of Insanity, we have scarcely had a case of serious illness during the year. The diseases which are caused by the crowding together of human beings in dwellings unprovided with suitable means of ventilation such as Fevers, Consumption, Diarrhœa, Erysipelas, &c., furnish but a small proportion of the deaths which have been recorded in the History of the Asylum. During the summer we had but few cases of disorders of the bowels to treat, and throughout the past unusually severe winter the patients have enjoyed an almost com-

plete exemption from Catarrhal affections, which have been so prevalent in the community around us.

This exemption particularly during the winter may be fairly attributed to the improved system of ventilation recently introduced, which by dispensing with the opening of windows allows all parts of the house to be kept at a more uniform temperature. There have been six deaths during the year. The first recorded was that of a man who had for several years occupied the highest place on the list of patients, and had passed about 40 years of his life in the Asylum. He died of Marasmus. Three others had been for periods averaging from two to fifteen years residents of the Asylum, and had been affected with severe forms of Insanity, indicating organic lesions of the brain previously to their admission, and were only brought to the Asylum after all hope of recovery had been abandoned. One of these died of Epilepsy, one of Paralysis, and one of Marasmus. Two of the fatal cases were of recently admitted patients who had been insane only a few weeks when they were brought to the Asylum. One of these died of chronic diarrhœa to which he had been subject for many years before becoming insane, and the other a female of acute cerebral disease which proved fatal a few days after her admission.

Statistics.—The usual statistical information is contained in the following tables which have been carefully prepared.

TABLE I.—Showing the number of each sex discharged, their condition at the time of discharge, the number at present in the House, and the whole number received since the opening of the Institution.

	<i>Men.</i>	<i>Women.</i>	TOTAL.
Discharged—Restored, - -	366	343	709
“ Much improved, - -	64	66	130
“ Improved, - -	95	98	193
“ Stationary, - -	127	134	261
“ Died, - -	116	114	230
Remaining, - - -	33	29	62
Total, - - -	801	784	1,585

TABLE II.—Showing the duration of Insanity in 1,585 cases as far as recorded.

	<i>Men.</i>	<i>Women.</i>	TOTAL.
Less than one year, - -	461	444	905
From 1 to 5 years, - -	201	206	407
“ 5 “ 10 “ - -	48	52	100
“ 10 “ 20 “ - -	36	29	65
“ 20 “ 30 “ - -	20	18	38
“ 30 “ 40 “ - -	0	9	9
“ 40 “ 50 “ - -	8	9	17
Unknown, - - -	27	17	44
Total, - - -	801	784	1,585

TABLE III.—Showing the sex and civil state of 1,585 cases as far as recorded.

	<i>Men.</i>	<i>Women.</i>	<i>TOTAL.</i>
Single, - - - - -	404	346	750
Married, - - - - -	272	290	562
Widowers and Widows, - - -	39	83	122
Unknown, - - - - -	86	65	151
Total, - - - - -	801	784	1,585

TABLE IV.—Showing the ages of 1,585 patients at the time of their admission.

	<i>Men.</i>	<i>Women.</i>	<i>TOTAL.</i>
Under 20 years, - - - - -	49	60	109
From 20 to 30, - - - - -	240	213	453
“ 30 “ 40, - - - - -	189	171	360
“ 40 “ 50, - - - - -	127	153	280
“ 50 “ 60, - - - - -	111	104	215
“ 60 “ 70, - - - - -	60	51	111
“ 70 “ 80, - - - - -	21	21	42
“ 80 “ 90, - - - - -	4	10	14
“ 90 “ 100, - - - - -	0	1	1
Total, - - - - -	801	784	1,585

TABLE V.—Showing the residence of 1,585 patients.

Pennsylvania, - - - - -	1,115	<i>Brought forward,</i> - - -	1,561
New Jersey, - - - - -	227	Canada, - - - - -	5
Maryland, - - - - -	69	Alabama, - - - - -	3
Delaware, - - - - -	42	Louisiana, - - - - -	3
New-York, - - - - -	32	District of Columbia, - - -	3
North Carolina, - - - - -	22	West Indies, - - - - -	2
Virginia, - - - - -	18	South Carolina, - - - - -	2
Massachusetts, - - - - -	13	Georgia, - - - - -	2
Ohio, - - - - -	10	Florida, - - - - -	1
Missouri, - - - - -	4	Michigan, - - - - -	1
Rhode Island, - - - - -	4	California, - - - - -	1
Indiana, - - - - -	5	Wisconsin, - - - - -	1
<i>Carried forward,</i> - - - - -	1,561	Total, - - - - -	1,585

TABLE VI.—Showing the per centage of recent and chronic cases restored.

		Less than 12 months.	More than 12 months.	TOTAL.
Number Admitted,	- - -	905	680	1,585
“ Restored,	- - -	604	105	709
Per centage Restored,	- - -	66.63	15.44	44.73

TABLE VII.—Showing the occupation of 801 male patients as far as recorded.

Farmers,	195	<i>Brought forward,</i>	453	<i>Brought forward,</i>	499
Merchants,	44	Tailors,	4	Dyer,	1
Clerks,	45	Cabinet-makers,	4	Carman,	1
Tanners & Curriers,	23	Shoemakers,	4	Brewer,	1
Physicians,	15	Brokers,	3	Overseer,	1
Teachers,	13	Laborers,	3	Plasterer,	1
Carpenters,	13	Publishers,	2	Tinman,	1
Lawyers,	10	Machinists,	2	Gardener,	1
Students,	13	Dentists,	2	Confectioner,	1
Manufacturers,	9	Navy Officers,	2	Segar-maker,	1
Druggists,	10	Silversmiths,	2	Gold-beater,	1
Inn-keepers,	6	Millers,	3	Hatter,	1
Blacksmiths,	8	Plumbers,	2	Whip-maker,	1
Masons,	9	Coopers,	2	Livery-stablekeeper,	1
Operatives,	8	Engineers,	2	Wheelwright,	1
Artists,	5	Watch-maker,	1	Contractor,	1
Printers,	4	Potter,	1	Sexton,	1
Sailors,	4	Shop-keeper,	1	Bookbinder,	1
Butchers,	6	Coach-trimmer,	1	Watch-case maker,	1
Clergymen,	3	Cashier of Bank,	1	Telegraph operator,	1
Planters,	3	Saddler,	1	Paper hanger,	1
Jewellers,	3	Engravers,	2	None,	23
Painters,	4	Brush-maker,	1	Unrecorded,	259
<i>Carried forward,</i>	<u>453</u>	<i>Carried forward,</i>	<u>499</u>	Total,	<u>801</u>

TABLE VIII.—Showing the cause of Insanity in 650 cases.

	<i>Men.</i>	<i>Women.</i>	TOTAL.
Ill-health, - - - -	51	95	146
Intemperance, - - - -	80	1	81
Domestic trouble, - - - -	19	71	90
Puerperal, - - - -	0	38	38
Loss of property, - - - -	25	3	28
Excitement about religion, - - - -	6	19	25
Organic disease of the brain, - - - -	22	10	32
Anxiety, - - - -	17	15	32
Disappointment, - - - -	7	19	26
Masturbation, - - - -	22	2	24
Epilepsy, - - - -	17	8	25
Grief, - - - -	3	17	20
Over-exertion, - - - -	8	10	18
Abuse of opium, - - - -	2	7	9
Blow on the head, - - - -	7	0	7
Fear, - - - -	3	3	6
Old age, - - - -	3	5	8
Jealousy, - - - -	2	3	5
Excessive study, - - - -	2	1	3
Sudden wealth, - - - -	1	2	3
Insolation, - - - -	3	1	4
Syphilis, - - - -	2	1	3
Hardship and exposure, - - - -	4	0	4
Nostalgia, - - - -	1	2	3
Use of tobacco, - - - -	0	3	3
Healing of ulcer, - - - -	1	0	1
Poison of lead, - - - -	1	0	1
Paronychia, - - - -	0	1	1
Spiritualism, - - - -	2	1	3
Chorea, - - - -	0	1	1
Total, - - - -	311	339	650

Medical and Moral Treatment of Insanity.—Insanity being a physical disease it is reasonable to seek for its relief and cure in such remedies as by their action on the physical organism are capable of removing the diseased condition. It was formerly more common to consider it either as purely mental, or as of a mixed character partly physical and partly mental, and its treatment accordingly consisted partly of remedies to act upon the diseased bodily states, and partly of recreations and amusements and of various moral agencies designed to influence the morbid condition of mind. Hence the distinction into medical and moral treatment, which were considered as having so little connection with each other, that in most of the older Institutions it was regarded as an advantage to have them directed by different heads. This distinction has however proved to be more nominal than real, and though the terms are still used, it is in a sense less strict than that in which they were formerly employed. It is well known as the result of long continued experience that the influence of cheerful scenes and associations, and of freedom from care and anxiety upon the bodily health in many forms of chronic disease, is as beneficial as that of remedies strictly medical; while good nourishment, fresh air, cleanliness and exercise, are quite as promotive of cheerfulness and mental tranquillity as what might be considered more strictly as moral treatment. It is this influence upon the bodily health of cheerful scenery and surroundings, and of all the various recreations and amusements generally understood by the term moral treatment, which brings these agencies specially within the province of

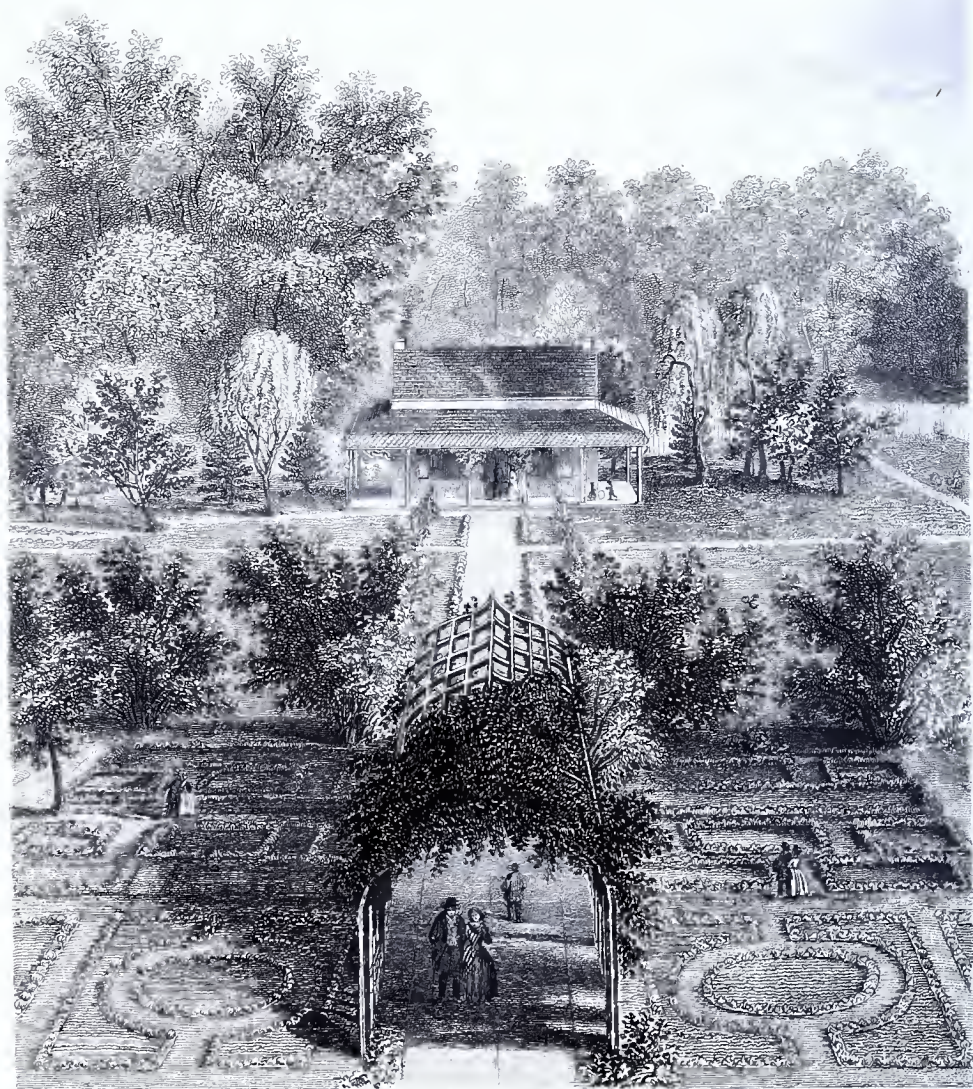
the physician and places them in the rank of the most valuable remedies for the relief and cure of Insanity.

All the abovementioned influences so far as they affect the physical health may be regarded as the basis of the rational medical treatment of the disease: the groundwork of all successful moral management of the Insane is kindness. It cannot be too frequently repeated that the state of morbid sensitiveness and of disordered emotions which are so conspicuous an element in the early stages of Insanity, especially of those forms of the disease which are most curable requires above every other consideration that the patients should be surrounded, as it were, by an atmosphere of kindness in which so far as possible every outward impression of a painful character may be effectually guarded against. While this is certainly true, it is also evident that their insane delusions must be counteracted, and their disorderly acts must be restrained within such limits as will prevent injury to themselves or others. It may thus sometimes be necessary to resort to physical force. When this is the case, gentleness must always be so mingled with firmness, as to accomplish the object with the smallest possible amount of irritation to the feelings of the patient. To counteract morbid mental conditions considered apart from the physical states with which they are connected, nothing is so effectual as occupation, embracing all the amusements, entertainments and employments which constitute so large a portion of the treatment in modern Institutions for the Insane.

Much better than the employment of physical force in all but a few exceptional cases, for restraining their disorderly conduct, is the exercise of a salutary discipline which by making the privileges they enjoy dependent on the measure of their own self-restraint, places before them the strongest inducements to conduct themselves with propriety. If the patient is curable, and such discipline is administered in the spirit of kindness with regard solely to his benefit, he will soon discover the motive which prompts it and submit himself to it accordingly. In a well regulated Hospital the whole course of treatment necessarily has the effect upon the patient to encourage the habit of self-restraint—the seclusion which is necessary for his safety and recovery diminishing by regular gradations as he approaches a healthy condition, he naturally desires to shorten its duration by getting well as rapidly as possible. It is manifest that punishments inflicted for the purpose of deterring patients from the commission of disorderly acts, can have no place in any system designed for the benefit of the Insane. Their direct influence would be to increase beyond measure the emotional disorder which it is desired to allay by every available means. It may happen notwithstanding, that a remedy such as seclusion to their rooms, which may be required in order to protect them from the consequences of their excitement, is regarded by them with a feeling of wholesome fear which may have a good effect in inducing them to restrain themselves, but such a remedy cannot be properly considered as a punishment unless it is used with the express design of acting upon their fears. It becomes neces-

sary therefore whenever such measures are resorted to, to impress upon the minds of patients the fact that they are employed as a remedy for their benefit and not by any means as a punishment.

A proper regard for the feelings of the Insane will also lead to the observance of the utmost truthfulness and candor in all our intercourse with them. Attempts to deceive them have seldom more than a temporary success, and when discovered are almost certain to be regarded as acts of unkindness, and thus give rise to feelings of irritation which cannot fail to be injurious to the patient. When such attempts are not detected the erroneous ideas thus impressed upon their minds may become blended with the delusions which are the result of disease, by which means the stock of insane ideas will be augmented and the disease rendered more difficult of cure. It is especially desirable that all deception in regard to the object of placing patients in the Asylum should be avoided. They can scarcely be in a position to receive much benefit from Hospital treatment until they fully comprehend the object of their being subjected to it. No greater obstacle could be placed in the way of such an understanding than the representations frequently made by the friends of patients that the motive for visiting the Institution is something different from what it really is. The friends resort to this, as they consider harmless deception in order that they may appear to the patients to be innocent of any intention of placing them in confinement. After this has been accomplished, the same feeling induces them to conceal from



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PHILADELPHIA.

the patient the fact that the object has been effected with their knowledge or approval. Under such circumstances if the patient was allowed to remain in ignorance of the real facts on finding himself among strangers and deprived of his liberty, he would almost certainly conclude that the officers of the Asylum were his enemies and were unlawfully holding him a prisoner ; whereas if he was informed of the true state of the case, he would have no ground for such suspicions and would not entertain them, but on the contrary, knowing that his nearest and best friends were instrumental in placing him in his present position would have the strongest motives that could be given him for concluding that the step had been taken for his own benefit. There are but few of the insane, especially in recent cases, who have not sufficient intelligence to comprehend fully when they are explained to them the reasons for placing them in the Asylum. If this has been omitted previously to setting out from home it ought always to be done by the friends of patients before leaving them at the Institution.

The above may be regarded as a brief exposition of the principles upon which is based the management of the patients in the Asylum, the importance of which we have constantly endeavored to impress upon all who are engaged as assistants and attendants upon the patients. The various means for giving exercise and employment to our patients both within doors and in the open air have been so fully described in former Reports, that it does not seem necessary now

to refer to them further than to say that they have been in constant use during the year. It is believed that at no previous time has a larger proportion of the patients been allowed the opportunity for exercise in the open air ; nearly every patient of both sexes and all classes having enjoyed this privilege daily during fine weather entirely away from, and out of sight of the walls of the Asylum.

Library.—The Library continues to be a pleasant place of resort to the more quiet patients of both sexes, being occupied by the men and women respectively during different portions of the day. Some change has been made in the shelving for the books by which they now occupy a larger and more commodious case than formerly. The best evidence of the interest which the patients take in the Library is to be found in the number of books that are constantly wearing out. In the course of a few years a large number have entirely disappeared from the shelves and their places have been supplied by others. The collection of books now consists of about 400 volumes, which are well preserved besides others more nearly worn out. It is composed of works on History, Biography, Travels, &c., and by recent purchases and additions is more valuable as a means of affording entertainment of a useful kind to our patients than it has ever been before.

The exhibitions with the Magic Lantern on one evening of each week during the winter and a portion

of the spring and fall months, have been continued as heretofore. An improvement has been made in the apparatus, by which the house gas has been substituted for the alcohol formerly used and by which a better light has been furnished at a diminished expense. An addition has been made to the collection of slides used in the lantern by the purchase of three dozen of the best description of Photographic Views which was made without expense to the Institution. The collection now numbers nearly 200 slides the most of which are photographs, and with the assistance of the Lantern furnishes us with weekly exhibitions of sufficient variety to be viewed with undiminished interest during the entire season of nearly five months of the year. These exhibitions supplemented by occasional lectures on Chemistry, illustrated by the apparatus belonging to the Institution, have been under the management of the Apothecary, Joshua Husband, Jr., who has taken great pains to make them interesting by collecting all the information within his reach respecting the objects exhibited, and laying it before his audience for their entertainment and instruction.

Improvements.—The range in the kitchen and two of the furnaces used for warming and ventilation, having become so nearly worn out as to be considered unworthy of further repairs, were removed and their places supplied by others. The furnaces which have been put up are on an improved plan, provided with airtight doors which admit of the draft being regulated with great exactness. They have furnished a better

quality of heated air at a less cost for fuel than was supplied by those formerly in use and may justly be considered a great improvement. Aided by the system of ventilation described in last years Report, they have kept up an abundant supply of pure warm air in all parts of the building. So far as our experience has extended, when furnaces are properly constructed, with openings sufficiently large for the escape of the heated air and ventilating flues in the apartments to be warmed to admit of a free circulation of air through the house, there is no danger to be apprehended from superheated or confined air. In this connection it may be proper to state that the arrangements for ventilation recently introduced have been proved by another years trial to be perfectly successful. For summer ventilation this plan may not be so efficient as some other more expensive means, but during the winter or so long as the fires are kept up, I believe it is as thorough and far more economical than any other plan that has been proposed. The improvements on the grounds, carried on mainly by the labor of the patients and their attendants, have been continued during the year. They have consisted for the most part in the clearing up of the undergrowth in portions of the woods, and the formation of walks to connect the grounds recently purchased with those previously in the possession of the Asylum. Several hundred feet of new walks have thus been made within the year and others are contemplated which will add still further to the variety and interest of the daily promenade of the patients. The moral effect upon the minds of the patients of the

improvements which they see going on, of those especially in which they take a part by their own labor, as well as of the whole system of moral treatment pursued towards them is to make them satisfied with their situation, and if they are curable to inspire them with confidence and hope, and to call forth their own efforts in co-operation with those of the Physician for their improvement.

Conclusion.—From what has been said above respecting the principles which govern the treatment of the patients in the Asylum, it will be readily seen how great is the importance to its successful working of a well-trained corps of attendants, whose duty it is to be engaged in constant daily intercourse with the patients; and how valuable to the Institution must be the services of those who after long trial have proved themselves worthy to fill such situations. There are comparatively but few persons who are fitted with all the mental and moral qualities which are necessary in an attendant, and without these no amount of training can qualify any one to perform his or her duties satisfactorily. Those only are retained in that capacity who on trial give promise of being able to fulfil the conditions required. It is but justice to them to say that those so employed have given evidence of their desire to be instructed, and as they have acquired knowledge and experience they have gradually become better qualified for the performance of their duties.

In the hope that the Asylum may continue in the future, as it has done in the past, to fulfil the designs

of its founders and that the blessing of Providence may ever rest upon the means used for the benefit of its afflicted inmates, this Report is respectfully submitted.

J. H. WORTHINGTON, M. D.

SUPERINTENDENT.

Philadelphia, Third Month 1st, 1868.

The Fifty-First Annual Report
OF THE
MANAGERS OF THE ASYLUM,
TO THE CONTRIBUTORS.

THE Board of Managers respectfully submit the following brief account of their proceedings, and of the condition of the Institution during the past year.

There were at the date of our last Report 59 patients under care ; since which time 31 have been admitted, making the entire number for the year 90. Of these, 6 have died and 22 have been discharged ; 12 of whom were restored, 2 much improved, 5 improved, and 3 stationary. The number of patients in the Institution on the seventh instant was 62. The monthly average has been nearly 59 patients. The highest number at any time on the list was 63 and the lowest 54.

The chief products of the farm have been 68 bushels of wheat, 60 bushels of Indian corn, 435 bushels of potatoes, 48 wagon loads of hay, 272 pounds of veal, 1,610 pounds of pork, 62 bushels of buckwheat, 105 bushels of turnips, and all the fresh vegetables used in the House. Produce has been sold to the amount of \$247 45.

The account of William Kinsey, Treasurer, has been examined, his payments compared with his vouchers, and found correct; the balance due the Treasurer on the sixth inst. on the general account was \$2,397 07, and the balance due the Contributors on the several trust accounts including that due the Permanent Fund was \$4,236 83, showing a cash balance on the aggregate of \$1,839 76, due the Contributors.

An abstract from the Treasurer's account being as follows :

RECEIPTS.

J. H. Worthington, Superintendent,	-	-	\$28,786	59
Ground Rents and Interest,	-	-	954	00
Donation,	-	-	50	00
Due Trust Accounts,	-	-	1,544	83
“ Permanent Fund,	-	-	2,692	00
				<hr/>
				\$34,027 42
				<hr/>

EXPENDITURES.

Balance due Treasurer last settlement,	-	-	\$2,343	60
Orders in favor of J. H. Worthington, Superintendent,			27,491	08
Printing and Advertising,	-	-	315	67
Book-keeping, preparing room for Managers, Commis- sions on Collections and Express charges,	}		87	69
Loan Repaid and Interest,	-	-	1,542	83
Annuity	-	-	406	79
Balance on hand,	-	-	1,839	76
				<hr/>
				\$34,027 42
				<hr/>

For fuller information respecting the proceedings of the past year, and the present state of the Institution, we refer to the Superintendent's Report, herewith submitted.

The Managers are solicitous that the Asylum shall continue to hold the high rank it has so long enjoyed, and that its efficiency shall in no wise diminish, but continue to increase from time to time by the introduction of all improvements as they become known. It is a well-established fact that the most successful treatment for the Insane is that which is marked with the greatest forbearance, gentleness, and true Christian kindness. It is therefore very important that the least coercion and restraint, consistent with security from injuring either themselves or others, should be resorted to, and that every available means for exercise and amusement, should be made use of.

We believe a small Institution like ours has advantages over very large establishments; yet we have had to regret that for want of room, we have been compelled during the past year reluctantly to refuse admission to several patients, whose friends were particularly desirous of placing them under our care in preference to any other Institution.

We would therefore once more appeal to the charitably disposed friends of the Asylum to remember us during their life-time, and not to forget this benevolent Institution whilst directing the distribution of their worldly goods after their decease.

Signed on behalf and by direction of the Managers.

CHARLES ELLIS,
Clerk.

Philadelphia, Third Month 9th, 1868.

OFFICERS AND MANAGERS.

CLERK OF THE CONTRIBUTORS,

William Bettle, No. 426 North Sixth Street.

TREASURER,

William Kinsey, S. W. cor. Third and Vine Streets.

CLERK OF THE BOARD OF MANAGERS,

Charles Ellis, No. 1724 Chestnut Street.

PHYSICIAN AND SUPERINTENDENT,

Joshua H. Worthington, M. D.

MATRON,—Rachel S. Craft.

MANAGERS.

Samuel Bettle, No. 149 North Tenth Street.

Charles Ellis, No. 1724 Chestnut Street, and No. 1000 Market Street.

William Bettle, No. 426 North Sixth Street.

Horatio C. Wood, No. 612 Race Street.

John C. Allen, No. 335 South Fifth Street.

Mark Balderston, No. 320 North Sixth Street, and No. 1103 Wood Street.

Richard Richardson, No. 522 Arch Street.

Samuel Morris, near Olney, (Twenty-Third Ward, Philadelphia.)

Elliston P. Morris, Germantown, and No. 805 Market Street.

Nathan Hilles, Frankford.

David Scull, No. 815 Arch Street, and No. 125 Market Street.

William Kinsey, No. 469 Marshall St., and S. W. corner Third and Vine Sts.

William B. Cooper, near Camden, New Jersey.

Samuel Emlen, Germantown, and No. 627 Market Street.

Howard Yarnall, No. 922 Mount Vernon Street.

Francis R. Cope, Germantown, and No. 1 Walnut Street.

John E. Carter, No. 1313 Pine Street, and No. 24 Shippen Street.

James Whitall, Germantown, and No. 410 Race Street.

Henry Haines, No. 518 Pine Street, and No. 417 Walnut Street.

Edward Bettle, Camden P. O., New Jersey.

PATIENTS INTO THE ASYLUM.*

not considered suitable subjects for this Asylum.

into the Asylum.

delphia.

ance, &c.

all times be furnished, by a special arrangement with the Superintendent.

for Admission, and for the Bond.

PHYSICIAN'S CERTIFICATE.

my own knowledge, that

tions are correct, as far as I can judge.

Physician.

Philadelphia.

A thorough knowledge of the history of cases of Insanity being important to those concerned in their treatment, the friends of patients applying for admission into the Asylum, are particularly requested, with the aid of the Physician, to furnish full and explicit Answers to the following

QUESTIONS.

1. Is the patient single or married? What has been the patient's occupation?

Answer.

2. What is supposed to be the cause of this attack of insanity?—When and how did it first show itself?

Answer.

3. On what subjects, or in what way is derangement *now* manifested? Have there been any fixed delusions? Is the patient rational at intervals?

Answer.

4. What has been the duration of the present attack? Have there been one or more previous attacks, and if so, of what duration and at what age?

Answer.

5. What relatives of the patient, including grand-parents and their descendants, have been insane?

Answer.

6. Had the patient previously been subject to Epilepsy, diseases of the skin, discharges or sores, or any other bodily disease; or, had he or she received any injury of the head?

Answer.

7. What derangement of the general health has accompanied the mental disorder?

Answer.

8. Was the patient noted for any eccentricity or peculiarity of temper, habits, disposition or pursuits?

Answer.

9. Is the patient noisy or violent, or disposed to injure him or herself or others? If so, in what manner?

Answer.

10. Has the patient ever attempted suicide? If so, in what way? Is there *now* any propensity of the kind?

Answer.

11. Is the patient addicted to any mischievous practices, such as destroying clothing, breaking glass, furniture, &c.? What are the habits as regards eating, sleeping, and cleanliness?

Answer.

12. Has the patient been addicted to the use of ardent spirits, tobacco, opium, or any other stimulants?

Answer.

13. Has restraint or confinement been employed; if so, of what kind and how long continued?

Answer.

14. State the general course of medical and moral treatment which has been pursued, and the effects observed therefrom?

Answer.

Please mention any other circumstances which may serve to throw light on the case.

REQUEST.

Request that _____ who is in a state of insanity, may be admitted as a Patient into the "Asylum for the Relief of Persons deprived of the use of their Reason."

BOND.

APPLICATION is hereby made for the admission of _____ as a patient into the Asylum for the relief of persons deprived of the use of their reason; upon whose admission, we jointly and severally engage to provide a sufficiency of suitable clothing for _____ use whilst there; to pay quarterly in advance to _____ Superintendent of said Institution, or to his assigns or successor in office, _____ dollars per week, for _____ board; and not less than four weeks' board to be paid under any circumstances; the said charge for board to be continued until _____ shall be regularly discharged; and to make compensation for all damages done by _____ to the glass, bedding, or furniture, and to cause _____ to be removed when discharged;—but if taken away *uncured*, against the advice and consent of the Super-

intendent before the expiration of three calendar months, to pay board for thirteen weeks.

Witness our hands and seals, this day of A. D. 18

WITNESS.

(L. s.)

(L. s.)

The foregoing preliminaries having been complied with, an order is given authorizing the Superintendent of the Asylum to receive the patient.

OF THE VISITORS TO THE ASYLUM.

When near relations or particular friends of patients, desire to be admitted to see their connexions, application must be made to the Superintendent, who may allow such visits, when circumstances will admit.

As the general admission of visitors would be improper and injurious to the patients, no persons, except as above, shall be admitted to the apartments occupied by patients, unless introduced by a Manager; but on application to the Superintendent, they may be shown such parts of the building and appendages as are not so occupied.

In order to preserve quiet on the first-day of the week, visiting on any account on that day, either in the house or on the premises, is prohibited, unless under very peculiar circumstances.

ANNUITIES.

A mode of obtaining contributions by annuities, not much known amongst us, but familiar to Friends in England, has been agreed on by the Contributors. On paying any sum of money to the Treasurer, for the use of the Institution, interest of six per cent. thereon, is annually to be paid to the annuitant; at whose decease the interest money ceases, and the principal remains the property of the Asylum. This mode will probably be convenient to many who are desirous of promoting the designs of the Institution, and yet do not prefer making any considerable donation during their lifetime.

FORMS OF LEGACY.

I. FORM OF A BEQUEST OF PERSONAL ESTATE.

"I give and bequeath to A. B. and C. D., and the survivor of them, and the executors and administrators of such survivor, the sum of _____ in trust for the use of an Institution in Philadelphia, known by the name of 'The Contributors to the Asylum for the relief of persons deprived of the use of their reason,' and to be paid by the said Trustees to the Treasurer for the time being of the said Institution."

II. FORM OF A DEVISE OF REAL ESTATE.

"I give and devise to A. B. and C. D., and their heirs, all that (here describe the property) _____ together with the appurtenances, to hold to them, the said A. B. and C. D., and the survivor of them, and the heirs of such survivor forever; in trust nevertheless, for the sole use and benefit of an Institution in Philadelphia, known by the name of 'The Contributors to the Asylum for the relief of persons deprived of the use of their reason,' and upon this further trust, absolutely to dispose of, and convey the same, either in fee, or for such other estate, and in such way and manner, as the Contributors to the said Asylum shall, at any meeting or meetings, order, direct and appoint."

☞ The Annual Meeting of the Contributors to the Asylum for the Relief of Persons deprived of the use of their Reason, will be held on fourth-day, the 17th of the Third month, 1869, at 3 o'clock, P. M., in the Arch street Meeting-house.

MANAGERS OF THE ASYLUM FOR 1868—69.

CLASSED TO VISIT THE ASYLUM WEEKLY ON SEVENTH-DAY.

<i>From 3d month 18th to 4th month 13th.</i>	{ Francis R. Cope, Richard Richardson, Howard Yarnall.
<i>" 4th month 13th to 5th month 11th.</i>	{ Richard Richardson, William B. Cooper, John E. Carter.
<i>" 5th month 11th to 6th month 8th.</i>	{ William B. Cooper, John E. Carter, Samuel Bettie.
<i>" 6th month 8th to 7th month 13th.</i>	{ Samuel Bettie, Samuel Morris, Nathan Hilles.
<i>" 7th month 13th to 8th month 10th.</i>	{ Samuel Morris, Nathan Hilles, David Scull.
<i>" 8th month 10th to 9th month 14th.</i>	{ David Scull, James Whitall, Henry Haines.
<i>" 9th month 14th to 10th month 12th.</i>	{ James Whitall, Henry Haines, John C. Allen.
<i>" 10th month 12th to 11th month 9th.</i>	{ John C. Allen, William Bettie, Edward Bettie.
<i>" 11th month 9th to 12th month 14th.</i>	{ William Bettie, Edward Bettie, Mark Balderston.
<i>" 12th month 14th to 1st month 11th, 1869.</i>	{ Mark Balderston, Samuel Emlen, Horatio C. Wood.
<i>" 1st month 11th to 2nd month 8th.</i>	{ Horatio C. Wood, Samuel Emlen, Elliston P. Morris.
<i>" 2nd month 8th to 3d month 17th.</i>	{ Elliston P. Morris, Francis R. Cope, Howard Yarnall.